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FEB 20 2008

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 6, 2008

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 464,707 | -7.4% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

With this filing, we are updating the Ultra Specialty Services manual and changing the minimum premium to \$195.

This filing will allow us to bring the program to 129 new classes.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.American States Insurance
CompanyName of CompanySteve Darci, CPCUCommercial Lines AnalystOfficial - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 05-01-2008

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 788,796 | -8.5 |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): REVISED PACKAGE
DEVIATIONS FOR COMMERCIAL MULTIPLE LINE OF BUSINESS.

*Adjusted to reflect all prior rate changes.

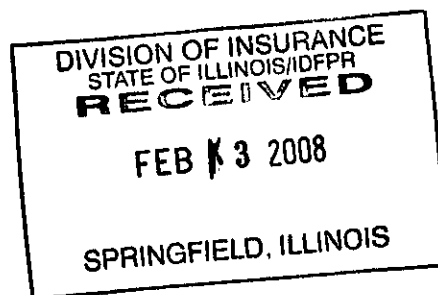
**Change in Company's premium level which will result from application of new rates.

AMERISURE INSURANCE COMPANY

Name of Company

COMPLIANCE ANALYST II

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05-01-2008

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 3,108,206 | -3.0 |
| 14. Crop Hail | | |
| 15. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): REVISED PACKAGE
DEVIATIONS FOR COMMERCIAL MULTIPLE LINE OF BUSINESS

*Adjusted to reflect all prior rate changes.

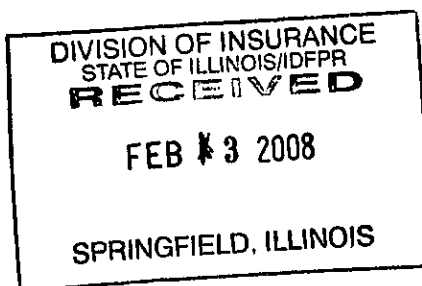
**Change in Company's premium level which will result from application of new rates.

AMERISURE MUTUAL INSURANCE COMPANY

Name of Company

COMPLIANCE ANALYST II

Official - Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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FEB 22 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision
effective 3/1/08 new business; 5/1/08 renewals

| (1) | (2) | (3) |
|---|---------------------------------------|-----------------------------|
| Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damag Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$2,000,174 .00 | -2.4% |
| 14. Crop Hail | | |
| 15. Other | | |
| Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Decreasing base rates to maintain competitiveness in today's
market place.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Argonaut Great Central Insurance Company

Name of Company

Kimberle S. Williams, Regulatory Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 04/01/2008

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | 242,428 | -17.47% |
| 14. | Crop Hail | | |
| 15. | Other | | |

Life of Insurance

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We wish to adopt ISO (Insurance Services Office, Inc.) advisory loss costs to compliment BancInsure's

Commercial Property program. We will be adopting CF-2007-RLA1 and maintain our current LCM of 1.20. The estimated impact of this adoption results in a decrease of -17.47%. The premium dollar decrease would be approximately -\$42,352 for a total of \$200,076 annually.

*Adjusted to reflect all prior rate changes.

in Company's premium level which will result from application of new

BancInsure, Inc.

Name of Company

Debbie Tebbe, Assistant Vice President

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDPPS
RECEIVED

FEB - 5 2008

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-2008 NB, 8-1-2008 RB

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$11,789,325 | -6.4% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

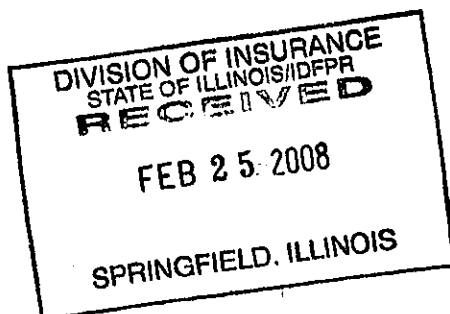
**Change in Company's premium level which will result from application of new rates.

Consolidated Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective **5/1/08**

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 515,882 | +3% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

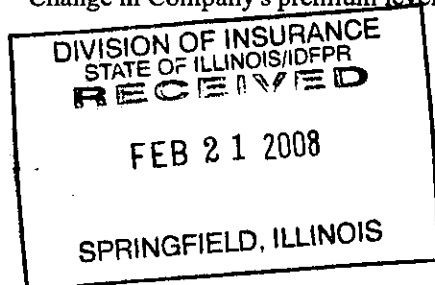
Applies to all Agricultural Output and Commercial Output Policies

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are filing to revise our Terrorism Premium Factor for Certified Terrorism Losses
in response to TRIPRA 2007 which now includes domestic and foreign losses.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

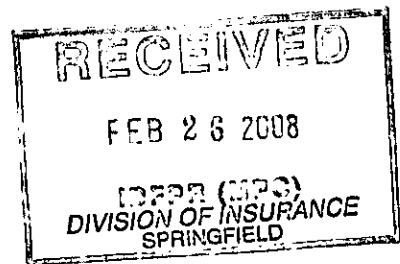
Continental Western Insurance Company

Name of Company

Aaron Larson

Digitally signed by Aaron Larson
 DN: cn=Aaron Larson, c=US
 Date: 2008.02.21 13:28:48 -06'00'

Official - Title



Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective October 1, 2008

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 1,197,657 | -2.7% |
| 14. Crop Hail | | |
| 15. Other | | |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory
organization, specify organization): Filing revisions to Credit Union Package Of
Protection.CMPIL0093802R01

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

CUMIS Insurance Society, Inc.
Name of CompanyJessie D Svoboda
Vice President, Commercial Lines
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 4/1/2008

RECEIVED

FEB - 1 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois) *</u> | (3) <u>Percent Change (+ or -) **</u> |
|--|--|--|
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 2,176,900 | 0.6% |
| 14. Crop Hail | | |
| 15. Other <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: FEB - 1 2008

No

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

SPRINGFIELD, ILLINOIS

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revising type of business factors, revising additional insureds charges and changing
Class code charges for 39047.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which
will result from application of new rates.

Federated Mutual Ins. Co.
Name of Company

Howard Hammel Vice
President

Official - Title

FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective March 31, 2008.



| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|----------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril (BOP) | 14,826,371 | + 1.32% |
| 14. Crop Hail | | |
| 15. Other | | |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

The filing applies to all Illinois territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Terrorism factors are amended for Businessowners Property and Liability. Property factors are increased

but remain less than ISO recommended rates per ISO Illinois Businessowners Rules Filing BP-2007-RTRP1.

Liability factors are per ISO Illinois Businessowners Rules Filing BP-2007-RTRP1.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Illinois Casualty Company
Name of Company

Anne Thomas, Program Manager
Official--Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6-1-2008 NB, 8-1-2008 RB

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$10,742,411 | -6.4% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

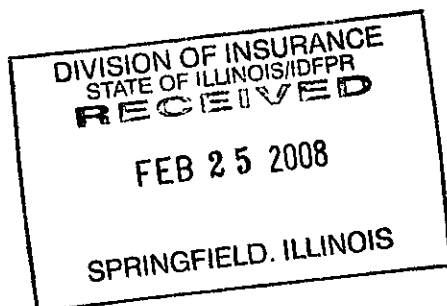
**Change in Company's premium level which will result from application of new rates.

Indiana Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-2008 NB, 8-1-2008 RB

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$23,707,586 | -7.1% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

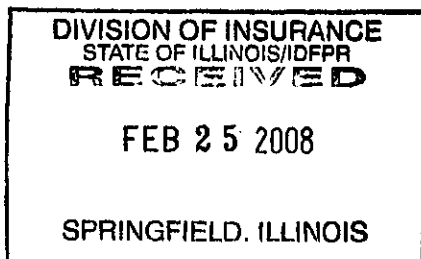
**Change in Company's premium level which will result from application of new rates.

The Netherlands Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _____

6-1-2008 NB, 8-1-2008 RB

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$465,759 | 4.9% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

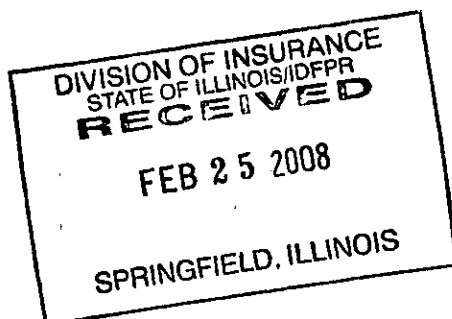
**Change in Company's premium level which will result from application of new rates.

Peerless Indemnity Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6-1-2008 NB, 8-1-2008 RB

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$4,511,607 | -5.4% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Peerless Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title

